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# Health Safety Net Billing Requirements

Presented by

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# **Health Safety Net Billing Requirements**

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- **Billing Format Change**
- **General Requirements**
- **Key Claim Detail Requirements**
- **Special Requirements for HSNO Types**
- **Question & Answer Period**



# Health Safety Net Billing Requirements

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- Billing Format Change
  - UB92 Flat File to 837I
  - Review UB92/UB04/837I Crosswalk posted the Division's website for billing element requirements
  - Final 837I Specifications Posted on the Division's website and should be forwarded to programming staff
  - Suggestion/Feedback period still open; email comments to Marc Prettenhofer at [Marc.Prettenhofer@state.ma.us](mailto:Marc.Prettenhofer@state.ma.us)



# Health Safety Net Billing Requirements

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- General Requirements

- Provider-side 'scrub' for appropriate services and items
  - Using Medicare editors will aid with medical coding concerns with HSNO
- Follow the coverage guidelines of the regulations
  - Eligibility and services for some HSNO coverage is unique, e.g., Confidential Applications
- Units of Service when necessary
- Modifiers on procedures when appropriate
  - Important for multiple patient visits on the same day at the same provider
- Use of date sensitive CPTs, HCPCS, ICD-9s and ICD-9 CMs



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- General Requirements continued...
  - One claim per patient-visit to a single provider.
    - If billing Professional Charges to the HSN, these must be reported using Revenue Codes 96x, 97x or 98x as appropriate
    - Do not use Revenue Code 510 to report Professional Charges as this will cause errors to occur
    - Use Revenue Code 512 for Dental services
  - Total Charges must equal submitted revenue lines
  - Allowable Bill Types are 13x and 11x, with allowable Billing Frequencies of 1, 7 or 8.
  - When submitting Replacement claims, no need to Void first
  - When submitting Void claims, all data must match



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- Key Claim Detail Requirements
  - Patient's full name, birthdate, gender, and address
  - Patient's SSN or ITIN is required (if unknown or not able to obtain use 000000001)
  - Outpatient claim line items require units of service
  - Verify Modifier usage when multiple E&M services are present on an outpatient claim
  - NPI is required for Attending and/or Operating and/or Other Providers on claim
  - HSN level is required on each and every claim; Prime, Partial, Second, BD, CA, or MH
    - This may correspond to a Registration Identifier on Provider systems, check with Registration Staff



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- Special Requirements for Confidential Application Claims
  - Confidential Applications (CA) have three unique eligibilities:
    - Minor seeking Family Planning and/or STI testing and treatment
    - Patient must be less than 18 years old on date of service
    - Services are limited to Family Planning and/or STI testing and treatment
  - Adult seeking services when reporting as Abused, Neglected or has a Threat of Abuse
    - Patients are eligible for the same services as HSNO Prime



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- Special Requirements continued...
  - ER Bad Debt
    - These claims need the qualifier of BD in order to pass the Eligibility module at the Division
    - Inpatient claims require Evidence Collection submission on an interactive website (in development).
  - Medical Hardship
    - These claims need the qualifier of MH in order to go into Suspense for Evidence Documentation matching
    - Eligibility is tied to Application Decision from the Division



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- Question and Answer Period
- Send additional questions or concerns regarding billing transition to [Marc.Prettenhofer@state.ma.us](mailto:Marc.Prettenhofer@state.ma.us)
- Visit the Division's website at:
  - <http://eohhs-web.ehs.govt.state.ma.us/>
  - select Division of Health Care Finance & Policy
  - Select Health Safety Net (HSN) on the left side of screen
- Call the Help Desk at 1-800-609-7232 for Sends / iNet issues

